

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street)

1814 ROSELAND BLVD

☐Check if different
than previously
reported. (ACC)

TYLER

TX

75701

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00437525

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

03

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ANTHONY WAHL

Signature of Treasurer

Electronically Filed by ANTHONY WAHL

Date

04

30

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M
0 1 D D
0 1 Y Y Y Y
2 0 1 1 To: M M
0 3 D D
3 1 Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		64945.94
(b) Cash on Hand at Beginning of Reporting Period	64945.94	
(c) Total Receipts (from Line 19)	18840.00	18840.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83785.94	83785.94
7. Total Disbursements (from Line 31)	23500.00	23500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60285.94	60285.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16163.00	16163.00
(ii) Unitemized	2677.00	2677.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18840.00	18840.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18840.00	18840.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18840.00	18840.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18840.00	18840.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	23500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23500.00	23500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	23500.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18840.00	18840.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18840.00	18840.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4451

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4459

Amount of Each Receipt this Period

134.00

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4460

Amount of Each Receipt this Period

67.00

B.

Full Name (Last, First, Middle Initial)

TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4461

Amount of Each Receipt this Period

67.00

C.

Full Name (Last, First, Middle Initial)

AARON CALODNEY

Mailing Address 17909 CR 132

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period

386.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

AARON CALODNEY

Mailing Address 17909 CR 132

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4489

Amount of Each Receipt this Period

290.00

B.

Full Name (Last, First, Middle Initial)

AARON CALODNEY

Mailing Address 17909 CR 132

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4384

Amount of Each Receipt this Period

193.00

C.

Full Name (Last, First, Middle Initial)

AARON CALODNEY

Mailing Address 17909 CR 132

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4385

Amount of Each Receipt this Period

193.00

SUBTOTAL of Receipts This Page (optional)

676.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4513

Amount of Each Receipt this Period

209.00

B.

Full Name (Last, First, Middle Initial)

JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period

279.00

C.

Full Name (Last, First, Middle Initial)

JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4445

Amount of Each Receipt this Period

139.00

SUBTOTAL of Receipts This Page (optional)

627.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period

139.00

B.

Full Name (Last, First, Middle Initial)

STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4491

Amount of Each Receipt this Period

293.00

C.

Full Name (Last, First, Middle Initial)

STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4386

Amount of Each Receipt this Period

391.00

SUBTOTAL of Receipts This Page (optional)

823.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4387

Amount of Each Receipt this Period

196.00

B.

Full Name (Last, First, Middle Initial)

STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4388

Amount of Each Receipt this Period

196.00

C.

Full Name (Last, First, Middle Initial)

GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4390

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

GUY DANIELSON

Mailing Address 16950 FM 2661

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4391

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period

269.00

C.

Full Name (Last, First, Middle Initial)

ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4392

Amount of Each Receipt this Period

358.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period

179.00

B.

Full Name (Last, First, Middle Initial)

ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4394

Amount of Each Receipt this Period

179.00

C.

Full Name (Last, First, Middle Initial)

PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4494

Amount of Each Receipt this Period

221.00

SUBTOTAL of Receipts This Page (optional)

579.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4395

Amount of Each Receipt this Period

294.00

B.

Full Name (Last, First, Middle Initial)

PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4396

Amount of Each Receipt this Period

147.00

C.

Full Name (Last, First, Middle Initial)

PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4397

Amount of Each Receipt this Period

147.00

SUBTOTAL of Receipts This Page (optional)

588.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4447

Amount of Each Receipt this Period

127.00

B.

Full Name (Last, First, Middle Initial)

KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4449

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

253.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4462

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4463

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4464

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4495

Amount of Each Receipt this Period

282.00

B.

Full Name (Last, First, Middle Initial)

GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4398

Amount of Each Receipt this Period

377.00

C.

Full Name (Last, First, Middle Initial)

GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period

188.00

SUBTOTAL of Receipts This Page (optional)

847.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City

FLINT

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4400

Amount of Each Receipt this Period

188.00

B.

Full Name (Last, First, Middle Initial)

CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4401

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

888.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4402

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4497

Amount of Each Receipt this Period

290.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4404

Amount of Each Receipt this Period

386.00

B.

Full Name (Last, First, Middle Initial)

THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4406

Amount of Each Receipt this Period

193.00

C.

Full Name (Last, First, Middle Initial)

THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period

193.00

SUBTOTAL of Receipts This Page (optional)

772.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4469

Amount of Each Receipt this Period

56.00

B.

Full Name (Last, First, Middle Initial)

DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4470

Amount of Each Receipt this Period

56.00

C.

Full Name (Last, First, Middle Initial)

MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4408

Amount of Each Receipt this Period

171.00

SUBTOTAL of Receipts This Page (optional)

283.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4409

Amount of Each Receipt this Period

86.00

B.

Full Name (Last, First, Middle Initial)

MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4410

Amount of Each Receipt this Period

86.00

C.

Full Name (Last, First, Middle Initial)

JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4412

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

272.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4413

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4457

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4458

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

266.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4454

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

183.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4455

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)

417.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period

167.00

B.

Full Name (Last, First, Middle Initial)

JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4502

Amount of Each Receipt this Period

291.00

C.

Full Name (Last, First, Middle Initial)

JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period

388.00

SUBTOTAL of Receipts This Page (optional)

846.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4418

Amount of Each Receipt this Period

194.00

B.

Full Name (Last, First, Middle Initial)

JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1067.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period

194.00

C.

Full Name (Last, First, Middle Initial)

JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4441

Amount of Each Receipt this Period

184.00

SUBTOTAL of Receipts This Page (optional)

572.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4442

Amount of Each Receipt this Period

92.00

B.

Full Name (Last, First, Middle Initial)

JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4443

Amount of Each Receipt this Period

92.00

C.

Full Name (Last, First, Middle Initial)

TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period

373.00

SUBTOTAL of Receipts This Page (optional)

557.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period

498.00

B.

Full Name (Last, First, Middle Initial)

TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.4421

Amount of Each Receipt this Period

249.00

C.

Full Name (Last, First, Middle Initial)

TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1369.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period

249.00

SUBTOTAL of Receipts This Page (optional)

996.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4504

Amount of Each Receipt this Period

232.00

B.

Full Name (Last, First, Middle Initial)

MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4423

Amount of Each Receipt this Period

310.00

C.

Full Name (Last, First, Middle Initial)

MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4424

Amount of Each Receipt this Period

155.00

SUBTOTAL of Receipts This Page (optional)

697.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period

155.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL RUSSELL

Mailing Address 5930 BRIXWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL RUSSELL

Mailing Address 5930 BRIXWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period

373.00

SUBTOTAL of Receipts This Page (optional)

808.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL RUSSELL

Mailing Address 5930 BRIXWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

187.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL RUSSELL

Mailing Address 5930 BRIXWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4428

Amount of Each Receipt this Period

187.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4433

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

457.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4434

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4437

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

283.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4438

Amount of Each Receipt this Period

167.00

B.

Full Name (Last, First, Middle Initial)

CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4440

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

16163.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

JEB HENSARLING

Mailing Address

City

State

Zip Code

Purpose of Disbursement

DALLAS EVENT

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23.4474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

WALLY HERGER

Mailing Address PO BOX 1007

City

WILLOWS

State

CA

Zip Code

95988

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 02

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23.4482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

SAMUEL ROBERT JOHNSON

Mailing Address

City

PLANO

State

TX

Zip Code

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: TX

District: 03

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23.4478

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.4486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4476

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4472

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS EDMUNDS PRICE

Mailing Address P.O. BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.4484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	1

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P. O. BOX 11586

City
WASHINGTONState
DCZip Code
20008Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4480

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

23500.00